

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16504

1. Entity Name

OUTREACH FOR CHRIST MINISTRIES INC.

Principal Place of Business

1752-1 COUNTRY CLUB RD.  
LAKE CITY FL 32025  
US

Mailing Address

1752-1 COUNTRY CLUB RD.  
LAKE CITY FL 32025  
US

2. Principal Place of Business

1752-1 COUNTRY CLUB RD  
Suite, Apt. #, etc.

3. Mailing Address

1752-1 COUNTRY CLUB RD  
Suite, Apt. #, etc.

City & State

LAKE CITY FLA.

City & State

LAKE CITY - FLA.

Zip  
32025.

Country  
US.

Zip  
32025.

Country  
US.

4. FEI Number

59-2870342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHURCH, FRANK T  
941 WALDRON ST  
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CHURCH, FRANK  
STREET ADDRESS 941 WALDRON ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE TR  
NAME SMITH, GARY  
STREET ADDRESS 1310 S.E. MAPLE ST.  
CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Delete

TITLE S  
NAME KILIGIAN, MARK V  
STREET ADDRESS RT. 1 BOX 421  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE TR  
NAME WRIGHT, ART  
STREET ADDRESS P.O. BOX 1005  
CITY-ST-ZIP HIGH SPRINGS FL 32655 ☐ Delete

TITLE T  
NAME KILIGIAN, JANET  
STREET ADDRESS RT. 1 BOX 427  
CITY-ST-ZIP LAKE BUTLER FL 32054 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

7-7-01 904-496-4754

FILED  
Jul 12, 2001 8:00 am  
Secretary of State

07-12-2001 90001 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

0000219